The Hampden Hippocrat

OCTOBER 1972

Medicine and Religion Issue

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INTERDISCIPLINARY COOPERATION

by

ARNE E. LARSON

Director, Department of Medicine and Religion, AMA

Ten years have passed since medicine and religion became a concern of organized medicine. Certainly, long before this period of time, many physicians had learned to work closely with individual clergymen in order to insure total care for their patients. Such physicians knew from their experience that clergy could deal with some patients' problems in a way that could be most beneficial to the healing process.

While progress has been made in developing better professional rapport, not all achievement has come directly as a result of society committee efforts. Still the impact of medical concern for this facet of total patient care has goaded or encouraged others, either to support or pursue, the objective of better professional cooperation in their own way.

Medical education has increasingly provided a broader experience for students. The humanities, medicine and religion, morals and ethics have more often been included in medical faculty discussions when planning future changes in curricula. Some of this change was motivated because of growing criticism of the depersonalization of medical treatment. However, a great deal of motivation came because of thoughtful physicians who knew the importance of ministering to patients' spiritual as well as physical needs. During this decade a new breed of clergy has developed and their number is increasing. Over one hundred of these clinically trained and competent men are now included as faculty members of chaplains in the medical school setting. These professionals teach students the importance of faith as a factor in health. In addition, postgraduate and continuing education programs on medicine and religion have been attended by thousands in both professions.

State and county committees, at an increasing number of local programs, provide opportunities for physicians to become acquainted with and learn to trust their local clergy as co-workers. For many physicians this assistance becomes a new source of manpower as well as a dynamic factor to help their patients recover more quickly. Some physicians, in both solo and group practices, have employed or put on their staffs, clergy to work on a full-time basis. That some of these arrangements have continued for several years attests to the value they place on providing this service for

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patients. These physicians know that the faith that helps patients fight their fears is a vital factor in total health. Often a physician's decision to call in a clergyman is recognition that a broken heart is as much a medical problem as a broken bone might be. Certainly these doctors have learned that a human being is not divisible into things of the flesh and things of the spirit.

To see clergymen assist as staff in the Emergency Care Facility of a local hospital is not a common occurence but the chances of doing so are increasing. Under supervision and continuing training these volunteer clergy minister to patients and their families in the crisis situations. Physicians have come to know how much help these men can be to patients as well as other hospital personnel.

When physicians and clergymen begin to work together on a "shoulder to shoulder" basis the benefits of cooperation do not need to be enumerated, they become obvious.

COVER: AMBROISE PARÉ, 1510-1590

A contemporary of Paracelsus and Vesalius, Ambroise Paré was 26 years of age when he exhausted his supply of boiling elder oil during the siege of Villaine. This logistic error permitted a classic advance in the treatment of military wounds. Subsequent experiments, only slightly more deliberate, led to improved treatment of burns and the reintroduction of the ligiture in amputations.

Paré lacked a classic education, which seemed to permit a wider range of observation and experimentation. His modesty and humility, as illustrated by the well known quotation appearing on the cover, increased the clarity of his judgment. Although a brilliant and successful surgeon, Paré is remembered for his aphorisms, his sincerity; and his devotion to his patients and his art. Heeding his example would quell much of the current criticism of our profession.

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PRACTICAL EXPERIENCE IN NEW JERSEY

by
GARRY deN. HOUGH, III, M.D.
Chairman, MMS Committee on Medicine & Religion

Among the many successful medico-religious projects throughout the country, one of the best organized programs is that of Bergen County, New Jersey. Under the chairmanship of Dr. George Knowles, 14 hospitals in the county have initiated some type of medicine and religion activity. Representatives of each hospital form the county committee and have stimulated other counties through the state committee. Strong support has come from Msgr. Richard Holmes, coordinator of county hospital affairs, who authored the proposal for a pastoral consultation sheet as part of the medical chart.

Some hospitals, organized and staffed by religious orders, report the continuing religious support which has long been "a way of life" in their institutions. Doctors call on clergy whenever they are needed. Daily prayers are on the P. A. systems and daily mass on closed circuit TV. The chaplain plays a very important role in the hospital.

Community general hospitals have developed chaplaincy committees and departments of pastoral care to supervise these activities. The better programs have one or more full time hospital chaplains who serve as an executives for the committee. In addition to his pastoral duties, the chaplain becomes involved in nursing and medical educational programs, interprofessional cooperation, and lay-oriented meetings on medico-religious subjects. The impact of these programs is difficult to measure, but the doctor-clergy meeting at Valley Hospital, for example, has become an annual affair. Englewood Hospital has had several well attended seminars under the leadership of Chaplin Tore Fryhle.

Other hospitals, lacking a full time chaplain, find it difficult to maintain a continuing program. Community clergy visit the patients, but pastoral care is so diluted and dispersed that it fails to become a useful component of patient care. It appears that the activities of medico-religious committees in these hospitals are limited to efforts to improve chaplaincy services.

Although Dr. Knowles modestly minimizes his efforts on the grounds that much more should be done, Bergen County can serve as an example that Hampden should emulate. Many aspects

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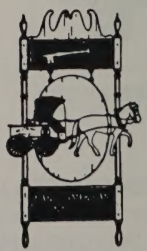
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Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

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IN EDEMA*—IN HYPERTENSION*

of personal and community health could be improved by physician-clergy cooperation. Past experience indicates that little will be accomplished by busy professionals whose primary responsibilities for patient care are infinitely demanding. A full-time, hospital-based clergyman has the same advantages as his medical counterpart. By concentrating physician-clergy contacts, he can establish the professional confidence necessary for exchange of respect and cooperation. By specialized training and concentration on pastoral care, he can serve as a consultant to community clergymen on hospitalized patients. By organizing educational programs, he can elevate the spiritual and social care of the patient to departmental status.

The non-sectarian hospitals of this community have traditionally relied on the generosity of local clergy to supply pastoral care. The experience of Bergen County indicates the inadequacy of this approach. Hospitals with full-time chaplains are offering better care than hospitals in the same county lacking this resource. As physicians who want the best for our patients, we should consider urging our hospitals to augment community resources by providing full-time chaplains.

Those interested in medico-religious interaction would do well to consider the advantages of a full-time hospital chaplain. The physician, the clergy, the hospital, and above all, the patient benefit from his services.

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CRISIS CLERGY: PASTORAL CARE IN EMERGENCY ROOM

by
GARY DeLONG, Chairman Crisis Clergy

Accidents, hospitalized illness and surgery disrupt life's serenity and threaten the ill or injured persons and their families. Hospitalization creates a crisis, and the ill or injured person experiences his own finitude, suffers pain and copes with alien forces and persons. Illness is a depersonalizing crisis. Normal anxiety is intensified. These dynamics occur in almost any illness or surgical procedure requiring hospitalization. They are greatly magnified and intensified when the person finds himself in the emergency room, especially in a large urban hospital.

Therefore, that a patient has needed the services of the emergency room means that he is a person with needs for understanding, affection and support beyond that of a regular patient. And yet, unlike the situation in the rest of the hospital, where hopefully there is a chaplain available, these needs are left to be met by an already extremely busy medical and nursing staff.

Recognizing an opportunity for improving the level of patient care, a group of physicians, clergymen, emergency room nursing staff and administrators planned a pilot program wherein clergymen, preferrable those with clinical pastoral education or its equivalent, would be present in the emergency room.

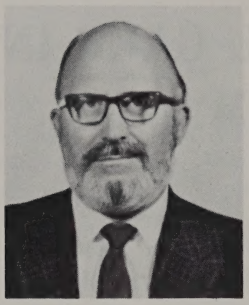
The role of the clergyman in the emergency room is a multi-faceted one. He is there to meet the needs of understanding affection and support. This is the religious dimension of life. How much specific religious language becomes a part of the clergyman's encounter with the patient depends upon the clergyman's awareness of a direct or indirect request for it on the part of the patient. He spends time with a patient's family and friends, provides support through listening and comforting. He works as part of a team with the physician in the direct treatment of cases involving attempted suicide, drug overdose and terminal illness. In such instances the appropriate timing and degree of involvement on the part of the clergyman is determined by his own professional sensitivities, guided by the physician in charge.

A similar level of cooperation should exist in assisting the families of "DOA" victims, often providing support and grief counseling until the family's own religious advisor arrives.

Though not one of his primary roles, the clergyman at times gets involved in utilizing the resources of community services or himself providing service of a social work nature.

For all the merits involved in terms of better patient care, when a clergyman is present in the e.r. one of the spin-off goals of the concept is improved professional relationships between clergymen and physicians.

There is a vital role for the clergyman in the emergency room. There are clergymen available to provide this service. These men see themselves as professionals. As such, the issue of whether or not they should be paid for this service has both pros and cons. Either way, whether or not such a program becomes an ongoing reality depends largely upon the degree to which physicians and hospital administrators are committed to providing a level of patient care which meets the needs of the whole person.



President's Page

ALPHA AND OMEGA

Recently I returned from a trip to Japan, where followers of Christianity-Judaism comprise less than ten percent of the total population. Japanese thought concerning the hereafter vastly differs from ours. Inasmuch as the human body has no meaning after death, disposal consists mainly of cremation after transplant organs have been removed, irregardless of whether permission has been granted by the relatives of the deceased or not.

A colleague, just returned from an orthopedic study tour in Russia, states that religion plays no part in death at all and the human body is looked upon completely as that of a carcass. When looking for bones at a bone bank, one can go in and obtain a big bag completely frozen at very low degrees. Apparently, in Russia, if a person is involved in an auto accident and dies, the body is hung up by the heels so that a team of physicians and nurses, using aseptic techniques, can completely drain off the blood for cadaver blood blanks. Then, the team proceeds to skin the body of all skin for use in severe burn cases. The kidneys and heart are taken for organ transplants, and all the bones are removed for use in bone grafting. What remains of the carcass, is then thrown in the incinerator, and completely destroyed.

Our society based on Judae-Christianity has a greater reverence for the human body, both during and after death. Not only from a religious point of view but also from a legal point of view, such procedures in the name of science are not and would not be permitted. However, there are many questions to be ironed out between scientific physicians and various religious leaders of Judae-Christianity. The diagnosis of death, of course, is getting a great deal of thought today because of the question of when does death occur. Is it when brain waves cease, when the heart stops contracting, or when the soul leaves the body? This has to be resolved with the aid of our religious leaders.

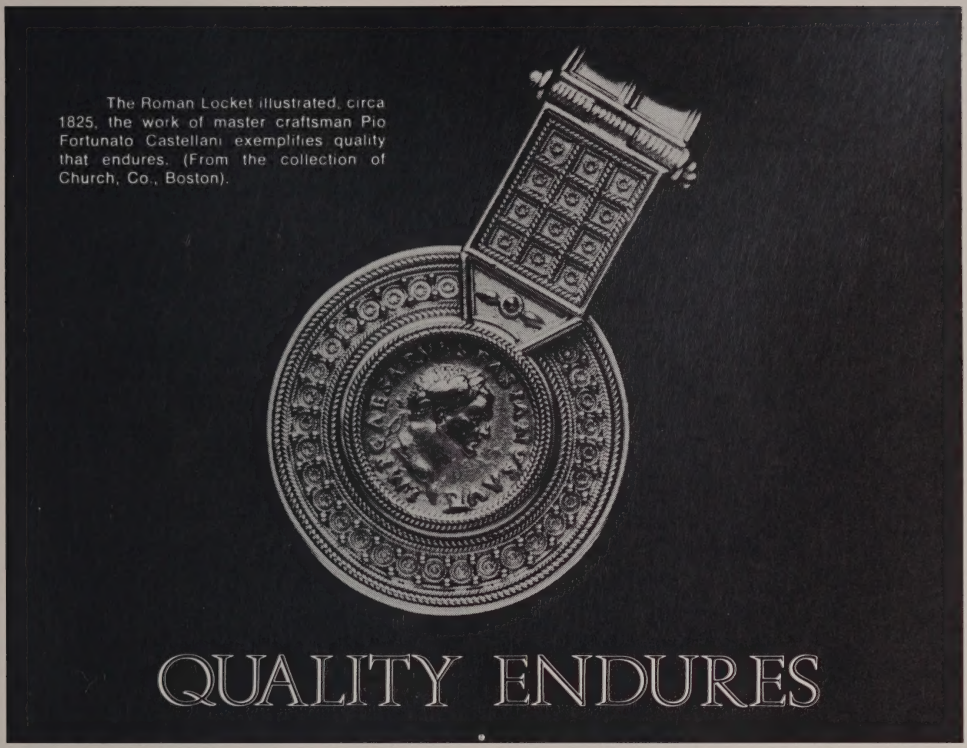
On the other side of the scale of life, the question is, when does life begin? At conception, as some Catholics believe, or does it begin later when the fetus is born? Is there an in-between period? If so, when along the period of gestation can abortion be carried out? Up to six months, three months, two months or what?

When life begins and when abortion constitutes murder will have to be resolved not only by our religious leaders but also by our best legal minds. We see, therefore, that there is a great difference between our type of Judae-Christianity society and that of Japan and Russia.

I, personally, would much rather go along with our type of religion and hope that each individual physician would speak with his or her respective religious leaders with an eye to further crystalizing the moral issues involved. I hope, moreover, that the Medical Religious Committee of our Society will delve into more dialogue along these lines with the various religious leaders who make up the Medical Religious Committee of our community.

Robert N. LaMarche M.D.

Robert N. LaMarche, M.D.


The Roman Locket illustrated, circa 1825, the work of master craftsman Pio Fortunato Castellani exemplifies quality that endures. (From the collection of Church, Co., Boston).
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One Man's Opinion . . .

THE DRUG MUDDLE

Some of the drug directives reaching our desks these days are as frustrating to the physician as they are inimical to the welfare of the public. It is quite obvious that our legislators have utilized little or no clinical guidance in framing these regulations. This is as true of those emanating from Washington as from the legislative chambers on Beacon Hill.

As examples one might begin with the cyclamate fiasco. The prohibition of this artificial sweetener stands a good chance of going down in history as the pharmaceutical tragi-comedy of the century. More than 90% of physicians polled recently by *Life* magazine agreed that the withdrawal of cyclamates from the market was a mistake. It is hard to believe, as many do, that Congress passed this law to placate the sugar industry and its lobbyists.

Equally ludicrous is the government's persistance in retaining marijuana on the criminal code. Medical consensus is well reflected in the position taken by the AMA that the possession of marijuana for personal use be considered "at most a misdemeanor".

But our chief concern at the moment is not Washington but Boston. Space doesn't permit to dwell at length on the Drug Formulary law enacted in January, 1972 despite vigorous protestations from practicing physicians and pharmacists. According to this law the physician was expected to include the generic equivalent of every brand name drug he prescribed. The ultimate choice between "generic" and "brand" was left to the baffled patient. Finding this law impracticable and unenforceable, the state wisely decided last July to postpone the enforcement of this law indefinitely.

CASE REPORT

Most disturbing, however, are the Drug Regulations issued in January, 1972 by the Massachusetts Department of Public Welfare which, as shown later, impose a hardship on the welfare recipient, a waste of money on the taxpayer and an infringement on the judgment and prerogatives of the practicing physician. The case below, an actual case, speaks for itself:

The following 3 prescriptions were prescribed for Mrs. X, an elderly Welfare recipient: Rx No. 1 called for Quinine Sul, 0.2 gm. one h.s.; Rx No. 2 – Bonine one on arising; and Rx No. 3 – Multivitamins, 1 daily. Shortly afterward, the prescribing physician received a call from the pharmacist:

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Pharmacist – "Doctor, the Welfare Department will no longer reimburse for medications of the type you prescribed for Mrs. X."

Physican: – "Why not?"

Pharmacist – "Because they are available over the counter. Mrs. X will have to pay for them out of her own pocket."

Physician – "This she can't afford . . ."

Pharmacist – "There is, however, an easy way out. All you have to do is to change the Quinine to Quinamm, the Bonine to Antivert and the plain Multivitamins to Multivitamins containing Folic Acid."

Physician – "These are not exactly what I had in mind. And aren't the drugs you suggest much more expensive?"

Pharmacist – "They certainly are, but these the Welfare Department will honor because they are not available over the counter."

Physician – "It doesn't make sense . . ."

Pharmacist – "It certainly doesn't, but that's the way the Rules and Regulations read."

Did the pharmacist do wrong in requesting of the physician a change in prescriptions? No! One of the "Rules" reads:

"If an unlisted drug is prescribed, the pharmacist may call the physician to request a change to a drug on the Drug List. If the prescriber concurs with the change, the pharmacist must reduce the oral order to writing on the prescription together with date of change and his initials."

It should be noted that a subsequent change in Welfare Rules and Regulations (August, 1972) omits Folic Acid from the approved list. What should be noted also is that vitamin preparations are allowed but only for prenatal and pediatric use. Why they are not reimbursable for others, especially the elderly, is beyond comprehension. Vitamin deficiencies and malnutrition, as shown again and again, are very, very common among the elderly poor.

The stark summary of this case is that the new Welfare Drug Regulations practically compelled the physician to modify his better judgment; that Mrs. X didn't get exactly what her physician originally prescribed; and that the taxpayer had to pay the extra cost.

It was the intent of this column to include also a commentary on Chapter 94C of the Act of 1971, a new chapter of the Massachusetts' General Laws, but this received such excellent and comprehensive coverage in the July, 1972 issue of *The Massachusetts Physician* as to make repitition unnecessary. Suffice it to say that as of July, 1972, any physician dispensing more than a single dose of barbiturate, would be liable to not more than 10 years in prison and not more than $20,000 fine for the first offense. The penalties, needless to say, would increase with repeated violations. The July issue of *The Massachusetts Physician* should be read by every practicing M.D. It concludes very aptly with the following sentence: "However, the provisions regarding the possession, sale or gift of barbiturates appear to be utterly ridiculous and entirely inconsistent with the facts regarding their alleged abuse."

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COME TO THE BALL

by
JANICE GRIFFIN
President, WAHDMS

The twentieth annual White Cap Ball sponsored by the Woman's Auxiliary to Hampden District Medical Society will be held Saturday, November 4 at the Crestview Country Club in Agawam.

Mrs. Richard Chabot, Chairman, will be assisted by Mrs. Gerald LaPierre, Co-Chairman; Mrs. William Sheehan, Reservations; Mrs. Robert Bye, Invitations, and Mrs. Louis DeRose, Publicity.

Since the first White Cap Ball in 1953 under the chairmanship of Mrs. Aldo Leani, the Auxiliary has been privileged to grant some $34,000 in scholarship aid to approximately 300 students entering or continuing their education in nursing or paramedical fields. Grants are limited to residents of the Hampden District who pursue their scholastic endeavors either in local schools or at the University of Massachusetts nursing school.

The number of scholarships awarded yearly has greatly increased. This year, 30 recipients will share total funds of $2,050. The amount per grant has decreased from a high of $200 in 1967 to this year's average award of $68. This decrease has occurred because the scholarship fund has not kept pace with the growing number of aid requests from deserving students. The Auxiliary received 26 applications in 1971, and 48 in 1972.

In short, the Nurse Recruitment Fund needs your support more than ever. Invite your friends, make up a table for our 20th annual ball, and enjoy yourself while adding to the scholarship fund! In the event you are unable to attend, please remember the fund with a donation.

The Auxiliary wishes to express its appreciation to Gold Cross Ambulance service for donating the invitations to this year's White Cap Ball.

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In Memoriam

PAUL GRAVES SANDERSON, M.D.

Dr. Paul G. Sanderson of 124 A Jamestown Drive, Springfield, died at The Springfield Hospital Medical Center on August 25, 1972.

Born in Springfield, Mass., on December 12, 1898, Dr. Sanderson attended local schools and graduated from Dartmouth College in 1921. After postgraduate work at Dartmouth, he went on to receive his doctorate in medicine from the Harvard Medical School in 1929. Upon completion of his internship at the Hartford Hospital in 1930, he returned to his native Springfield, where he engaged in the general practice of medicine. In 1941, he decided to devote all his time to the practice of obstetrics and gynecology and this he persisted to until his retirement in 1964.

Dr. Sanderson served for many years on the medical staffs of The Springfield Hospital Medical Center and the Wesson Women's Hospital. He was certified by the American Board of Obstetrics and Gynecology and was a member of the Americal College of Obstetrics and Gynecology, the AMA, the MMS, and the HDMS. During World War I, he served in the U.S. Army.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

In Memoriam

HERBERT R. TOOMBS, M.D.

Dr. Herbert R. Toombs of 229 Western Ave., Westfield, died at the Noble Hospital on September 20, 1972.

Born in Holden, Mass., on December 20, 1901, Dr. Toombs graduated from Clark University in 1921. After a year of study at the Harvard School of Business Administration, he entered Tufts University Medical School, which granted him a doctorate in medicine in 1926. Having completed a year of internship at the Lowell Corporation Hospital, he came to Westfield in 1927, where he engaged in the general practice of medicine at first and then later on concentrated his efforts in the field of cardiology and internal medicine until his demise.

Dr. Toombs served for many years on the medical staff of the Noble Hospital and was Chief of Staff thereof from 1946 to 1958. He was a member of the AMA, MMS, and the HDMS as well as a Fellow of the American College of Cardiology. During World War II, he served in the U.S. Naval Reserve as a medical officer.

To his family, his friends, and associates deepest sympathy is hereby extended.

HDMS SEPTEMBER MEETING HIGHLIGHTS

The fall meeting of the HDMS was held on September 26, 1972, at the Highpoint Motor Inn, Chicopee, Mass. Attendance: 110 (14 attending without reservations); reservations: 130 (34 reneging on reservations).

The meeting was called to order by President Robert N. LaMarche at 6:25 P.M. with the first order of business being the minutes of the Annual Meeting of April 25, 1972, which were accepted as read.

Dr. Demosthenes D. Dasco on behalf of the Scholarship Committee announced the recipients of the awards for this year (see page 26). Thereupon, he bemoaned the fact that this Committee has so little in the way of funds to make meaningful awards, particularly, in the light of increasing requests. Hence, he moved that each member of the HDMS contribute $5.00 a year to a special scholarship fund along with the payment of his or her annual membership. This motion was carried.

As part of old business, Dr. LaMarche announced that insofar as the Hampden County Bar Association is concerned, the new *Medico-Legal Code for Hampden County* (see page 14-15 of the April, 1972, issue of *The Hampden Hippocrat*) as adopted by the HDMS at its Annual Meeting on April 25, 1972, is not as yet in effect inasmuch as the Hampden County Bar Association has not taken any official action thereon as yet.

Under new business a letter was read from Dr. John F. Griffin requesting the HDMS to object to Blue Shield's new directive requiring additional information to be entered on Medicare 1490 form in justification of follow-up medical care in a physician's office for Medex II and III contract holders upon discharge from a hospital. It is Dr. Griffin's contention that this adds more to physicians' paper work burden, which is fast becoming such that it is seriously cutting into patient

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care time. Blue Shield should be able to gather this information on its own and in other ways. This matter is to be brought to the attention of Blue Shield through appropriate channels.

The next item of business consisted of a letter from Dr. Gardner Cox relative to payments by Medicaid for physician services. His letter raises and requests clarification of the question that since funds have not been appropriated by the General Court of Mass., what is the payment status of bills for services prior to April 1, 1972, services from April 1, 1972, to June 30, 1972, and services beginning July 1, 1972. It is his surmise that bills for services rendered prior to April 1, 1972, will not be paid. Moreover, he suggests that since physicians must provide services to Medicaid patients, and since each patient creates an operating cost, then physicians are not only treating these patients for free but are also paying out of their own pockets to do so. To obviate this dilemma, he suggests that the State establish clinics for Medicaid patients with physicians staffing same on a voluntary basis free of charge. He also suggests a joint class action suit by physicians and welfare recipient organizations against the State for being discriminating and failing to carry out satisfactorily duly made commitments. Appropriate action in this matter will be taken through proper channels.

The Executive Committee submitted a resolution that the next meeting of the MMS and its Council or some subsequent meetings thereof be held in Western Mass. since excellent accommodations are readily available and travel, facile. The membership adopted this resolution wholeheartedly, and it shall be transmitted immediately to the MMS.

Dr. Eugene Boss, Jr., in a letter made a suggestion that HDMS hold its business meetings in the various hospitals of the District on a rotating basis with the Annual Meeting being retained as a dinner meeting at the courtesy of the Society. All this in the intent of conserving funds. Action on the matter was deferred for greater and wider consideration by the membership.

Dr. LaMarche and Mr. Steve Riemer, legal counsel for the Health Care Foundation of Western Mass., gave a brief progress report on the development of the latter mentioned organization and its possible involvement in the HASP program of the Commonwealth Institute of Medicine. Membership in HCFWM was strongly urged for the continued control of the practice of medicine by physicians and for the preservation of the fee-for-service payment system.

There being no other new business, the meeting was recessed from 7:15 P.M. to 8:30 P.M. for a social hour and collation. Upon resumption of the meeting, Dr. LaMarche introduced Mr. David Z. Webster of Boit, Dalton, and Church, Inc., Boston, who spoke on the professional liability insurance program as approved by the MMS and administered by his company with the Argonaut Insurance Company as the carrier. Mr. Webster gave information on the program (see pages 31 and 32, March, 1972, issue of *The Hampden Hippocrat*) and the modest but firm progress made to date.

The meeting was adjourned at 9:10 P.M.

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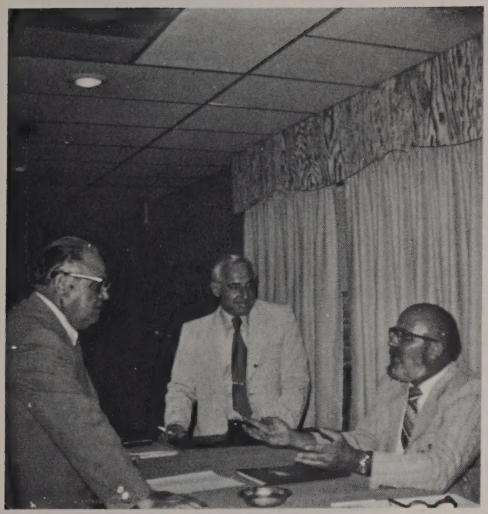

PRE-MEETING STRATEGY
L. to R.: Dr. John C. Ayres, Dr. David Cooley, and Dr. Robert LaMarche.

ON THE FOUNDATION
Mr. Steve Riemer

MAKES SENSE
L. to R.: Dr. Paul T. Moore and Dr. Setrag A. Zacarian.

BUY IT!
L. to R.: Mr. David Z. Webster, Dr. Robert N. LaMarche, and Mr. Steve Riemer.

HIGHLIGHTS OF THE SEPTEMBER EXECUTIVE COMMITTEE MEETING

The Executive Committee met on Tuesday, September 19, 1972 at the HDMS headquarters.

Present were Drs. LaMarche, Stevens, Burke, Zacarian, Janovsky, Goldberg, McHugh, Asinas, Bandeian and Mrs. Purdy. Dr. Paul McKenna attended as a representative of the Valley District Dental Society. Absent were Drs. Cummings, Sheehan, Fisher and Moore.

CORRESPONDENCE

Mr. Allen, President of the Hampden County Bar Association, wrote in saying that the Medico-Legal Code supposedly revised in 1971 has not been accepted by the Executive Committee of the Bar Association. He reminded the Society that the old code of 1961 is still in effect and will remain so until the Committee can meet and work further thereon. The Executive Committee instructed Dr. LaMarche to write Mr. Allen with an eye to expediting the matter.

Two members of the Valley District Dental Society, Dr. Arthur Gold and Dr. Paul McKenna, have been appointed to attend the Executive Committee meetings of the HDMS. To reciprocate, two members of the HDMS have been appointed to attend meetings of the Executive Committee of the Valley District Dental Society, namely, Dr. W. Cummings and Dr. J. Baker.

In response to Dr. Stevens letter of invitation to the MMS to hold either a Council meeting or an Annual Meeting in Springfield, Dr. Gephart indicated it might be arranged. This recommendation from the HDMS is to be written as a resolve and presented to the membership at the HDMS September 26th meeting for transmissal to Dr. Gephart and consideration at the MMS February Council meeting.

There was much discussion following the reading of a letter from Aetna on June 13, 1972. This had been sent prior to the meeting of the AMA. A letter will be written to Aetna.

A letter from Dr. Griffin concerning communications from Blue Cross-Blue Shield was read. Along with Dr. Griffin's letter were two others complaining about the increase in work in filling out Welfare forms.

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requested submission of a name as a nominee to serve on its Board of Directors. The Committee voted to send Dr. Samuel Brendler's name to Dr. McCoombs.

Dr. E. Toomey, representing the Revolutionary War Bi-Centennial Commission, wrote asking advice and suggestions from physicians regarding appropriate planning for the medical and health aspects of the American Bi-centennial Observance in 1975-1976. The Committee suggested that Dr. Howard Simpson's name be submitted.

Dr. Cox wrote a very informational letter on Welfare and lack of payment prior to April 1, 1972. Much discussion followed and copies will be sent to MMS and to the Legislative Committee.

OLD BUSINESS

It was voted unanimously by the committee not to give financial assistance to the Western Massachusetts Health Planning Council, Inc.

As no answer has yet been received from Dr. Gibbs, it was voted to write him again and ask for an answer to the inquiries about the liability insurance.

For informational purposes, Dr. LaMarche's name had been presented to the MMS to serve as a member of the Corporation of the Commonwealth Institute of Medicine.

Dr. Chapman has asked for self assessment programs concerning medical education. The Committee on Medical Education has recently sent questionnaires to all members. The Committee voted to keep this on a state level at present and to await further action from the Council.

Dr. LaMarche gave a brief report on the Health Care Foundation of Western Massachusetts, Inc.

NEW BUSINESS

Mrs. Purdy requested that the telephone directory advertising be cut down to a minimum thus saving $28.55 per month. This request must be made to the Telephone Co. before November 1st. Also it was requested that the Medical Information Service listing be removed. She feels that the public is aware of this service, and the phone keeps the office too busy. Many referrals are done each day. The Committee voted to honor Mrs. Purdy's request to cut down on advertising and removal of the Medical Information Service listing.

Dr. LaMarche gave a brief resume of his "Orient Adventure". Moreover, he suggested that a devote of acupuncture, Dr. Loh from Gary, Indiana, be invited to attend the February 6th District meeting at Bay State West Hotel, with the wives being invited and husbands paying for both. This would save some money for the Society and help the budget. The Committee voted in the affirmative for this. Dr. Loh will be contacted to find out the amount of his usual honorarium.

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September 1st concerning Workmen's Compensation coverage and the HDMS not being covered by this or liability insurance, both these insurances have been taken out. The Committee approved both of the insurance coverage and the premiums.

A report on the progress of the Roto-gravure section of *The Springfield Republican,* October 15th issue, was given to Dr. Asinas and Mrs. Purdy. The Committee felt strongly that the Public Relations Committee should view the layout and read the articles. Mrs. Purdy will contact Mr. Humphrey at the newspaper office and try to arrange such a meeting.

Dr. Boss wrote in suggesting that, when making out the budget for 1973, the Treasurer offer an alternative budget with membership dues being adjusted to take into consideration a plan of holding business meetings at the various hospitals on a rotating basis. The Annual Meeting would continue to be a dinner meeting. It was suggested that a poll of the membership be taken on this suggestion.

Dr. James Allan wrote a letter concerning flouridation and Senator Hammond's feelings in regard thereto. A copy of the letter and an accompanying letter will be sent to the Valley District Dental Society.

Mrs. Purdy gave the report of the Scholarship Committee. Four medical students, four nurses and one pharmacy student have received grants.

The meeting was adjourned at 10:30 P.M.

The Grievance Committee met and heard three cases.

The meeting adjourned at 10:40 P.M.

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THE NEXT MEETING of the SPRINGFIELD ACADEMY

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Dr. Albert Sabin researched the polio vaccine at Children's Hospital. The Medical Laser Laboratory pioneered in using lasers for surgery and dermatology. If you'd like to visit these — the Shriners Burns Institute — or any of the hospitals, labs and research facilities around Cincinnati, the AMA Information/Entertainment Center will be happy to help you arrange it.

LEGISLATIVE BOX SCORE

The February, 1972, issue of *The Hampden Hippocrat* (pages 8-12) carried a listing of bills introduced into the General Court of Mass. on which the MMS's Committee on National and State Legislation took a stand. The following is a compilation, as reported by this committee, of what happened to these various bills as they progressed through the legislative mill. The listing states MMS's position, a brief description of the bill, and the General Court's action in regard thereto by the following key – (F) failed to pass, (E) enacted, (S) referred for further study.

SUPPORT

S472 – Relative to the protection of certain children who have been, injured maltreated or abused. (F)

S536 – Extending the exemption from civil liability for emergency care or treatment to citizens. (S)

S862 – Relative to the payment of medical and dental consultants in state hospitals and other state institutions. (S)

H109 – Granting the Board of Registration in Medicine the use of expert advice and assistance in devising and conducting examinations. (F)

H111 – Bill (accompanying House 106, recommendations of the Board of Registration in Medicine) relative to establishing an approving authority for schools of medical laboratory technologists and approving authority for schools of medical x-ray technicians. (F)

H148 – Authorizing selectmen to appoint boards of health. This bill was sponsored by the Massachusetts Department of Public Health. (F)

H157 – Requiring analysis of blood samples in cases of motor vehicle fatalities. (E) Chapter 180 of the Acts of 1972.

H294 – Requiring the chiropractic schools be approved by a nationally recognized approving authority. (Mass. Medical Society sponsored) (F)

H354 – To relieve nurses from liability in cardiac arrest cases. (Mass. Medical Society sponsored) (S)

H355 – Granting immunity from damages to certain members of medical committees for official actions taken on behalf on said committee. (Mass. Medical Society sponsored). (E) Chapter 242 of the Acts of 1972.

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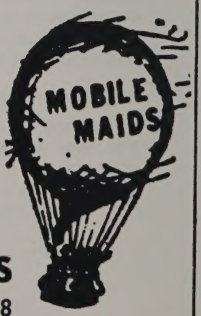

H431 – Re the dangers of x-rays and setting regulations for same. (Mass. Medical Society sponsored). Bill was amended to change intent of legislation. Society opposed. (F)

H432 – A Society sponsored bill ensuring high quality ambulance emergency medical care. A more encompassing bill was later filed by the Office of the Governor. The Society supported the Governor's bill H5894 until it became so amended and watered down that the bill, if enacted, would be quite weak. (F)

H651 – Repealing the law regulating the use on contraceptives and family planning. (F)

H826 – To relocate the administration of medical assistance programs to the Massachusetts Department of Public Health. (S)

H1177 – To establish a medical advisory board for the registry of motor vehicles. (Mass. Medical Society sponsored.) This bill was amended so as to make it impractical so the Society opposed. (F)

H1406 – Providing for additional members on the rate setting commission. Would increase board membership to include each major provider of health services. (S)

H1407 – To increase the membership of the Massachusetts Public Health Council to include major providers of health services. This bill failed to pass but under the provisions of certificate of need legislation that was enacted, with an emergency preamble, the scope of the Council will be increased to provide for a consumer majority representation. (F)

OPPOSED

S883 – Requiring females over the age of the twenty-five to submit to cervical cytology test prior to her discharge from any hospital. (F)

H306 – Forbidding state subsidies to certain medical schools. (F)

H1422 – To provide for plans for delivering health care to welfare recipients. These plans would include the utilization of local medical foundations or other medical associations as the agency to deliver health services. (S)

H1580 – Requiring medical reports on certain persons to be made to the Registrar of Motor Vehicles. (S)

H1722 – To require a medical service corporation to pay for medical, visual and surgical services rendered by participating physicians, podiatrists, and optometrists to its subscribers and to dependents and not to exclude the services of a participating physician who performs covered service within the scope of their license. (F)

H1723 – To modify the definition of "participating physician" to include podiatrist and chiropractor. (F)

MARK YOUR CALENDAR NOW!

HDMS Meeting, December 5
HDMS Executive Committee Meetings, November 21 and December 19
MMS Council Meeting, February 14
International College of Surgeons, San Diego, November 10-16
American Public Health Association, Atlantic City, November 12-17
American Heart Association, Dallas, November 16-20
AMA, Clinical Convention, Cincinnati, November 26-29

HDMS SCHOLARSHIP AWARDS

The HDMS, through its Scholarship Committee, recently announced scholarship grants to nine young students from this area who are beginning or continuing their education in professions related to medicine.

This scholarship fund was established with the money contributed by the people of the Hampden District area at the time of the polio immunization program carried out by the Society working with the Massachusetts Department of Public Health. Scholarship grant selections have been made each year on the basis, primarily, of financial need, and the awards have gone to students who are accepted or enrolled in schools of pharmacy, nursing, or medicine in any part of the United States. This year the scholarships amounting to a total of $1,255.00 were granted to the following:

Dominic J. Nardi, 281 East St., Springfield, who is now attending Johns Hopkins Medical School, Baltimore, Maryland.

Marie L. Landry, 358 Dickinson St., Springfield, who is now attending Georgetown University School of Medicine, Washington, D.C.

Michael A. Swistak, 99 South St., Chicopee, who is now attending Tufts University, School of Medicine, Boston.

John P. Blank, 192 Phoenix Ter., Springfield, who is now attending McGill University, Faculty of Medicine, Montreal, Quebec, Canada.

Mary M. Sullivan, 25 Washington Ave., Holyoke, who is now attending School of Nursing, St. Vincent's Hospital School of Nursing, Worcester.

Linda M. Olbris, 78 Alexander St., Springfield, who is now attending University of Massachusetts, Division of Nursing, Amherst.

Marie M. Mucha, 46 Wilno Ave., Ludlow, who is now attending School of Nursing, Holyoke Hospital, Holyoke.

Kathleen Lunney, 226 Old County Road, Westfield, who is now attending School of Nursing, Holyoke Hospital, Holyoke.

Carolee A. DeVito, 122 Hillside Ave., West Springfield, who is now attending School of Pharmacy, University of Connecticut, Storrs, Conn.

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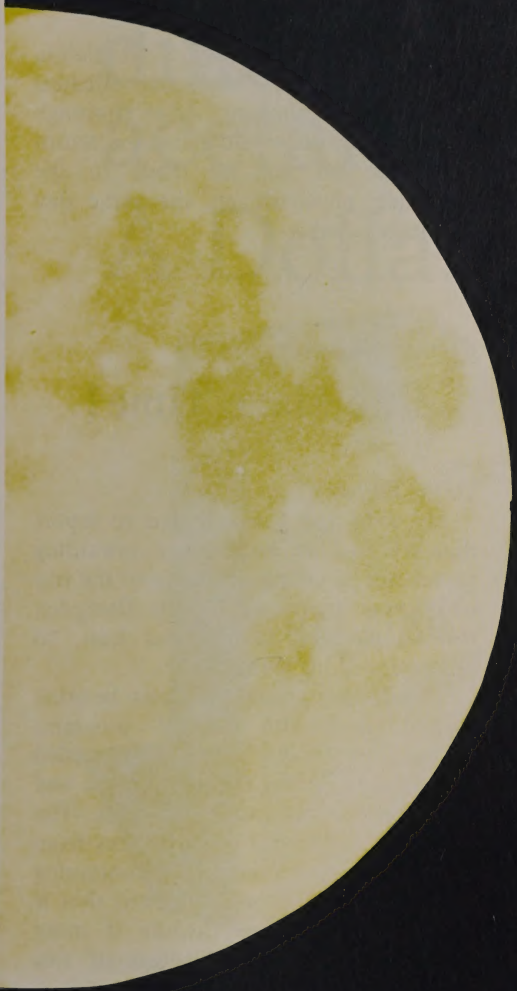

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CANCER HOTLINE

During the past several years systems of distribution of medical information to the practicing physician via telephone have been developed in various parts of this country, such as those at the University of Alabama and the University of Wisconsin. This service has made available to the practicing physician the latest and most knowledgeable information within hours of its need. It has cast aside any reluctance on the part of the practicing physician to intrude on the time of his colleagues for assistance in the care of his patient.

After a study of the Medical Information Service via Telephone (MIST) at the University of Alabama, the Wesson Memorial Hospital has developed a Cancer Information Service via Telephone (CIST). The purpose of this effort is to foster free communication between the physician in the community and the central core group of consultants on cancer related topics available at the Wesson Memorial Hospital and thus to improve quality of patient care.

The offer is free without any financial or other commitment and the service is not funded by any governmental agency. Letters have been sent to the practicing physicians in Western Massachusetts describing this service.

A special telephone number has been made available with which to contact Dr. Sunil R. Lahiri, Chief of the Oncology Service at 413 - 787-3700. This service is available between the hours of 9 a.m. and 5 p.m. except on Saturday and Sunday. If the physician will give the necessary information to Dr. Lahiri or to his secretary, this will then be channelled to a multi-disciplinary panel consisting of representatives from Surgery, Oncology, Diagnostic Radiology, Radiation Therapy, Nuclear Medicine, Medical Physics and Pathology. After thorough discussion by these individuals, a return telephone call will be made to the practicing physician on the same day whenever possible.

Correspondence . . .

One More Time!

To the Editor:

My wife and I would like to report that we had an exceedingly rewarding experience in taking advantage of the trip which was sponsored by the Hampden Medical Society to the Far East, to Tokyo and Hong Kong.

In addition to the obvious benefits derived from the medical programs offered in both cities, the added education of seeing different people and their culture enhanced the trip. The association of several other doctors from the Society made the trip a continuing social success, and we all agreed that it would have been worthwhile if more members had taken advantage of this opportunity.

We both feel strongly that this type of trip should be repeated in the future, and we would like to compliment those in charge of the accommodations. They left almost nothing to be desired.

With deep appreciation to the Society for having sponsored this trip.

Sincerely yours,
Dr. and Mrs. Alfred N. Aborjaily
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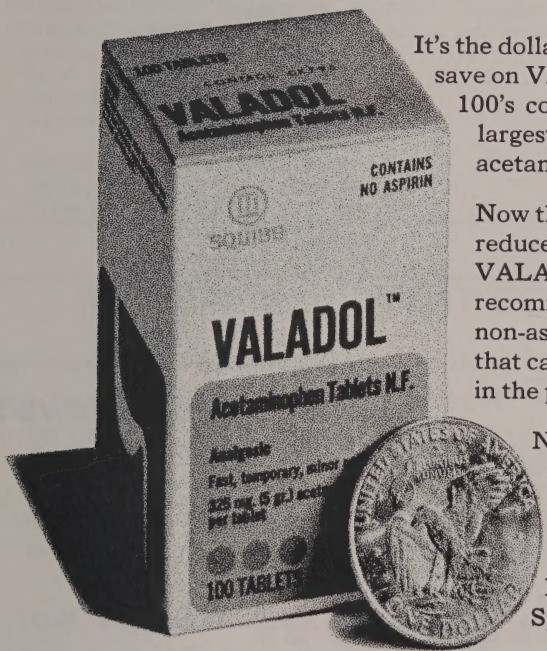

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